

# REGISTRATION FORM

## ADULT 1

Adult (first) \_\_\_\_\_ (last) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

## ADULT 2

Today's Date: \_\_\_\_\_

Adult (first) \_\_\_\_\_ (last) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

## Other than Parent

Emer. Contact \_\_\_\_\_ Phone \_\_\_\_\_

Emer. Contact \_\_\_\_\_ Phone \_\_\_\_\_

## Household Members

Dependent 1 \_\_\_\_\_

Dependent 2 \_\_\_\_\_

Dependent 3 \_\_\_\_\_

Dependent 4 \_\_\_\_\_

DOB \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_  
Entering Fall 2007

M/F \_\_\_\_\_  
M/F \_\_\_\_\_  
M/F \_\_\_\_\_  
M/F \_\_\_\_\_

Name of Participant	Name of Program	Session	Day	Basic Program Fee	Total Non Res Fee	TOTAL FEE

## KidZone & AIR

### Program Options

write in session/week(s)

Extended Day Fee

KidZone Option  
KidZone One Week  
AM or PM

KidZone Only:  
Half Day Fee

KidZone Only  
Swim Lessons Fee

Total


## Pass Purchase

(Aquatic & Family Center or Musante Beach)

Pass Description

Pass Type

Total Fee


Total Due:

## Office Use Only:

Amt. Received: \$ \_\_\_\_\_ Date \_\_\_\_\_ Staff \_\_\_\_\_ Entered \_\_\_\_\_

Amt. Received: \$ \_\_\_\_\_ Date \_\_\_\_\_ Staff \_\_\_\_\_ Entered \_\_\_\_\_

Amt. Received: \$ \_\_\_\_\_ Date \_\_\_\_\_ Staff \_\_\_\_\_ Entered \_\_\_\_\_

Amt. Received: \$ \_\_\_\_\_ Date \_\_\_\_\_ Staff \_\_\_\_\_ Entered \_\_\_\_\_

Amt. Received: \$ \_\_\_\_\_ Date \_\_\_\_\_ Staff \_\_\_\_\_ Entered \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Charge my: ☐ Visa ☐ MC Card # \_\_\_\_\_ Expiration \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature of Card Holder: \_\_\_\_\_